

**Neighborhood Services**  
31 South Summit Avenue, 20877  
Neighborhoods@ci.gaithersburg.md.us  
Phone: (301)258-6340  
Fax: (301) 258-6174

**Single Family Dwelling and Condominium**  
**RENTAL HOUSING LICENSE APPLICATION**

(In accordance with Chapter 18AA of the City Code)

**The required licensing fee is \$100 (nonrefundable)**  
**Please make your check payable to the City of Gaithersburg.**

**Please fill in all applicable information below.**

**RENTAL PROPERTY INFORMATION**

Subdivision \_\_\_\_\_ Year Built \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Tenant \_\_\_\_\_ # of Occupants \_\_\_\_\_

Tenant Phone # \_\_\_\_\_ Lease End Date \_\_\_\_\_ Rent \$ \_\_\_\_\_

**OWNER INFORMATION**

Name of Owner(s) \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ Work Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PROPERTY MANAGER INFORMATION**

**NOTE: Information should only be provided if an agent will represent the owner as the property manager.**  
**All correspondence will be directed to the agent if this section is completed.**

Name of Agent \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**\* \_\_\_\_\_ Please initial here if the owner/agent authorizes the tenant to change the inspection date(s) and time(s) with the Office of Rental Housing. Please be advised that the owner/agent is ultimately responsible for providing access to the inspector and could be subject to reinspection fees if the tenant fails to keep an appointment.**

**Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_**